**PATIENT**

Ivory Herrera

**SPECIES**

Canine

**BREED**

Doodle Mix

**SEX**

Female

**AGE**

24 weeks

**WEIGHT**

12.4 lbs

**INTERPRETED BY**

Remo Lobetti, BVSc,  
MMedVet (Med), PhD,  
Dipl. ECVIM (Internal  
Medicine)

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Kenilworth AH

**REFERRING VET**

Dr. Mansour

**INVOICE**

73916

**DATE**

3/31/26

**PRESENTING CLINICAL SIGNS**

- Ate wipes Friday 3/27- vomiting. Evaluate for gastric, intestinal FB. Radiographs attached 3/30, 3/31/26

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. The left kidney measured 4.4 cm. The right kidney measured 4.7 cm.

The uterus and ovaries were not visualized.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 1.65 cm in length x 0.32 cm and 0.34 cm in width. The right adrenal gland measured 0.96 cm in length x 0.25 cm and 0.32 cm in width.

**Spleen**

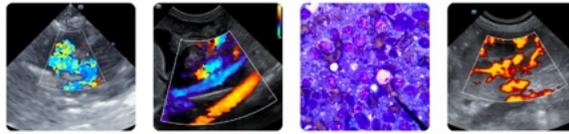
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.4 cm in width.

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

**Gallbladder**

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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***Gastrointestinal***

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of gas was present in the small intestine. The small intestine measured up to 0.4 cm. Shadowing fecal material is present in the colon.

***Pancreas***

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

***Free Abdomen***

Enlarged mesenteric lymph nodes measuring up to 0.4 x 2.2 cm maintaining normal shape and echogenic appearance.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Mesenteric lymphadenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

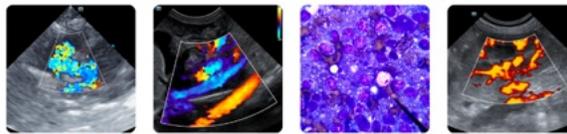
The most likely etiology for the mesenteric lymphadenomegaly would be age related reactive hyperplasia.

On this ultrasound there is no obvious evidence of gastrointestinal obstruction.

The most likely etiology for the presenting clinical signs would be non-specific gastroenteritis such as dietary indiscretion, parasites, toxins and viral.

Further assessment (if not already done) would be fecal analysis.

Symptomatic management would be fluid therapy as needed, correction of any electrolyte anomalies, antiemetics and feeding small frequent meals of an intestinal type diet.



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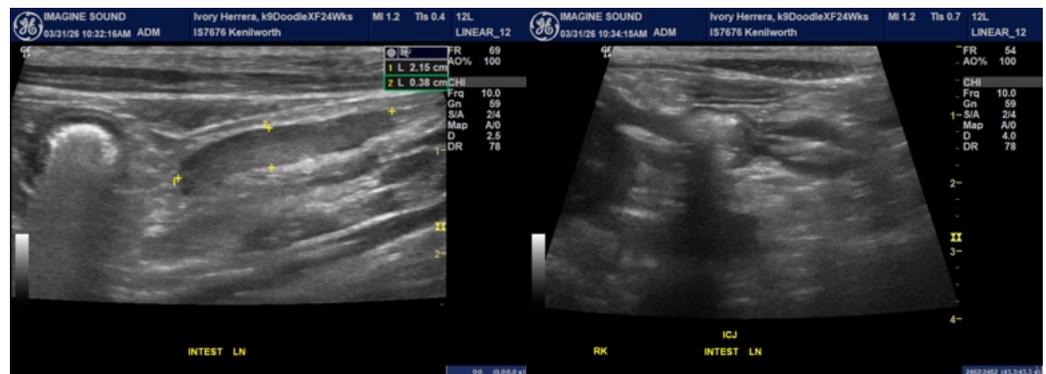
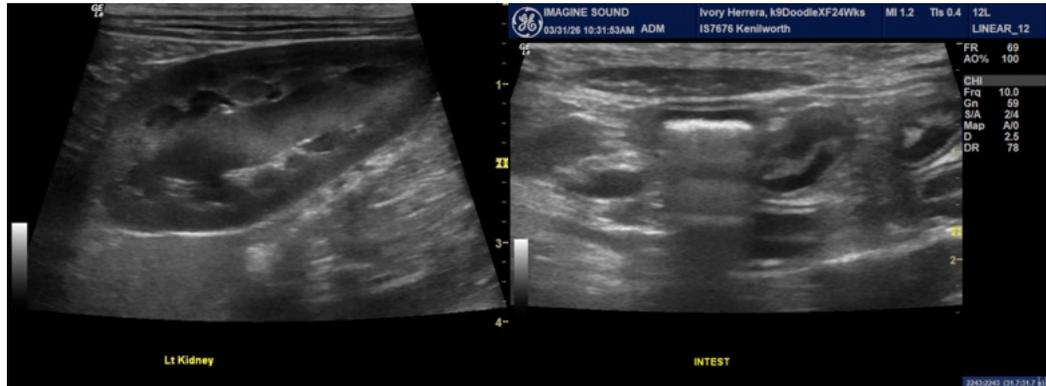
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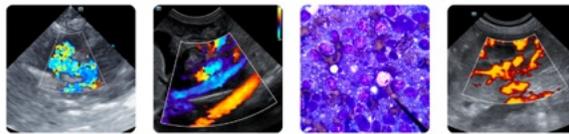
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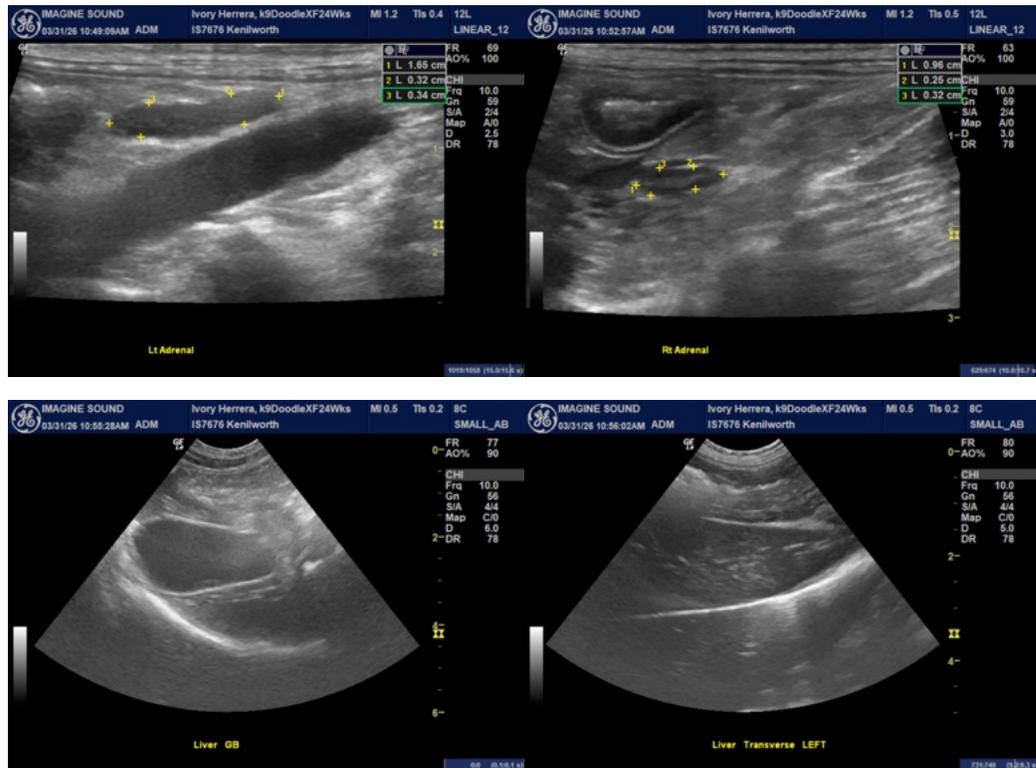
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

[info@sonopath.com](mailto:info@sonopath.com)